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|   |      |                          |                        |            |
|---|------|--------------------------|------------------------|------------|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2008</b> |      | <b>Complete if Known</b> |                        |            |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |      | Application Number       | 10/717,605-Conf. #8206 |            |
|   |      | Filing Date              | November 21, 2003      |            |
|   |      | First Named Inventor     | Henricus A MARQUERING  |            |
|   |      | Examiner Name            | N. J. Bloom            |            |
|   |      | Art Unit                 | 2624                   |            |
| TOTAL AMOUNT OF PAYMENT   | (\$) | 460.00                   | Attorney Docket No.    | 0142-0437P |

**METHOD OF PAYMENT** (check all that apply)

|  |   |                                      |  |   |
|--|---|--------------------------------------|--|---|
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  | <input type="checkbox"/> Money Order | <input type="checkbox"/> None                              | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: 02-2448   |                                      | Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |                                      |  |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |                                      |  |   |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |                                      |  |   |

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 310         | 155                   | 510         | 255                   | 210              | 105                   |                |
| Design           | 210         | 105                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 210         | 105                   | 310         | 155                   | 160              | 80                    |                |
| Reissue          | 310         | 155                   | 510         | 255                   | 620              | 310                   |                |
| Provisional      | 210         | 105                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 210      | 105                   |
| Multiple dependent claims                          | 370      | 185                   |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
| 25           | - 25 =       | x        | =             |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| 3             | - 3 =        | x        | =             |

HP = highest number of Independent claims paid for, if greater than 3.

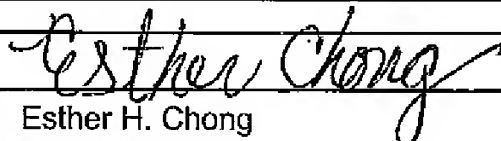
**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$)                       | Fee Paid (\$) |
|--------------|--------------|--|--------------------------------|---------------|
|              | - 100 =      | /50 =  | (round up to a whole number) x | =             |

**4. OTHER FEE(S)****Fees Paid (\$)**

Other (e.g., late filing surcharge): 1252 Extension for response within second month 460.00

|                     |   |                                   |                |
|---------------------|---|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |   |                                   |                |
| Signature           |  | Registration No. (Attorney/Agent) | 40,953         |
| Name (Print/Type)   | Esther H. Chong   | Telephone                         | (703) 205-8000 |
|                     |   | Date                              | March 26, 2008 |